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PTO/SB/82 (01-08)

Approved for use through 12/31/2008. OMB 0651-0095

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Application Number	10706414
Filing Date	
First Named Inventor	Joseph Scalisi
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature					
Name	Joseph Scalisi				
Date	4-20-2007	Telephone	800-615-0869		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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